

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

JAN 02 2019

U.S. DISTRICT COURT-WVND
WHEELING, WV 26003

MAURICE DWAN Smith

Your full name

FEDERAL CIVIL RIGHTS
COMPLAINT
(BIVENS ACTION)

v.

Civil Action No.: 2:19 cv 1
(To be assigned by the Clerk of Court)

Core Civic of America

Correct Care Solution (SAFERA)

Enter above the full name of defendant(s) in this action

Bailey
Mazzoni
Blalock

I. JURISDICTION

This is a civil action brought pursuant to **Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971)**. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: MAURICE D. Smith Inmate No.: 64393-066
Address: FCI-GILMER, PO Box 6000; Glenville, WV. 26031

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

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B. Name of Defendant: Correct Care Solutions (SAFERA)
 Position: Medical Staff
 Place of Employment: CORE CIVIC AMERICA (CCA)
 Address: 2240 Hubbard Rd; Youngstown, Ohio 44505

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: Medical staff within a federal holding facility

B.1 Name of Defendant: Core Civic of America (CCA)
 Position: Federal Holding Facility
 Place of Employment: NATIONWIDE
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: Holding Facility for federal inmates awaiting court hearings and/or transportation to other Federal Correctional Facilities

B.2 Name of Defendant: N/A
 Position: N/A
 Place of Employment: N/A
 Address: N/A

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☒ No

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If your answer is "YES," briefly explain: _____

N/A

B.3 Name of Defendant: _____

Position: _____

Place of Employment: _____

Address: _____

N/A

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☒ No

If your answer is "YES," briefly explain: _____

N/A

B.4 Name of Defendant: _____

Position: _____

Place of Employment: _____

Address: _____

N/A

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☒ No

If your answer is "YES," briefly explain: _____

N/A

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B.5 Name of Defendant: _____
Position: _____
Place of Employment: N/A
Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☒ No

If your answer is "YES," briefly explain: _____
N/A

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution: FCI-Gilmer; Po Box 6000; Glenville, WV. 26035

A. Is this where the events concerning your complaint took place?
☐ Yes ☒ No

If you answered "NO," where did the events occur?

(CCA - Youngstown) 2240 Hubbard Rd.; Youngstown, Ohio 44505

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?
☒ Yes ☐ No

D. If your answer is "NO," explain why not: N/A

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

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and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 Sick Calls (Denied)
 LEVEL 2 Informal Resolution (Denied)
 LEVEL 3 GRIEVANCE (Denied)

IV. **PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "TV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): N/A

Defendant(s): N/A

2. Court: N/A
(If federal court, name the district; if state court, name the county)

3. Case Number: N/A

4. Basic Claim Made/Issues Raised: N/A

5. Name of Judge(s) to whom case was assigned: N/A

6. Disposition: N/A
(For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: N/A

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8. Approximate date of disposition. Attach Copies: N/A

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?

☐ Yes ☒ No

D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.

NEVER filed lawsuit before

E. Did you exhaust available administrative remedies?

☐ Yes ☒ No

F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.

NEVER filed lawsuit before

G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

1. Parties to previous lawsuit:

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Plaintiff(s): KI/ADefendant(s): KI/A

2. Name and location of court and case number:

KI/A

3. Grounds for dismissal:
- ☐
- frivolous
- ☐
- malicious
-
- ☐
- failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit:
- KI/A

5. Approximate date of disposition:
- KI/A

V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. **You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint.** Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: Neglect of proper medical treatment_____

_____Supporting Facts: On the Petitioner experienced

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Extreme pain within his left leg. After repetitive attempts (both with and against policy) he was denied medical attention to treat the issue (that being diagnosed as MERCER) *CONTINUATION ON MEMORANDUM OF SUPPORT*

CLAIM 2: N/A

Supporting Facts: N/A

CLAIM 3: N/A

Supporting Facts: N/A

CLAIM 4: N/A

Supporting Facts: N/A

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CLAIM 5:

N/A

Supporting Facts:

N/A

VI. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

While in CCA Youngstown, I contracted MERCER. I WAS DENIED MEDICAL CARE UNTIL IT WAS SO BAD AS TO CAUSE ME TO HAVE SURGERY. I, NOW, HAVE LIMITED MOBILITY IN MY ANKLE, I CAN NO LONGER EXERCISE (RUNNING, JUMPING OR LIFT HEAVY OBJECTS WHILE BALANCING ON MY FEET), NOR CAN I WALK PROPERLY (WITHOUT LIMPING OR PAIN)

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

MONEY COMPENSATION OF \$50,000 (PAIN AND SUFFERING); CORE CIVIC AMERICA (CCA) BE ORDERED TO PAY MEDICAL EXPENSES AS WELL AS ANY OTHER MEDICAL EXPENSES (PROCEDURES AND/OR SUPPLIES) NEEDED TO MANAGE THE PAIN CAUSED BY THE MUCHLY NEEDED SURGERY THAT NEEDED NOT TO HAPPEN LEAST FOR THE NEGLIGENCE

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at FBI-Gilmer on October 21, 2018.
(Location) (Date)

x Maurice O. Smith
Your Signature

Attachment E

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA**

MAURICE D. SMITH

Your full name

v.

Civil Action No.: 2:19cv1

CORE CIVIC OF AMERICA

PHYSICIAN SAFERRA

Enter above the full name of defendant(s) in this action

Certificate of Service

I, MAURICE D. SMITH (your name here), appearing *pro se*, hereby certify that I have served the foregoing Fed. Civ. Rights. Complaint (title of document being sent) upon the defendant(s) by depositing true copies of the same in the United States mail, postage prepaid, upon the following counsel of record for the defendant(s) on (insert date here):

(List name and address of counsel for defendant(s))

Maurice D. Smith
(sign your name)